

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10003481* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
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TOTAL IND.	1		1		1	
TOTAL DEP.	2	1	1	1	1	1
TOTAL CLAIMS	3	1	1	1	1	1

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		1	1	1	1	1
TOTAL DEP.		1	1	1	1	1
TOTAL CLAIMS		1	1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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